

Declaration/Power Of Attorney for Utility or Design Patent Application

DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION☐ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)☒ Supplemental
Declaration
(37 CFR 1.67)

Attorney Docket Number: RCHP-137US

First Named Inventor: Frank KO

COMPLETE IF KNOWN

Application Number: 10/589,711

Filing Date: June 18, 2007

Art Unit: 3738

Examiner Name: To Be Assigned

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GENE AND CELL DELIVERY SELF EXPANDING POLYMER STENTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) April 16, 2004 as United States Application or PCT International Application Number PCT/US2004/011794 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Authorization To Permit Access To Application by Participating Offices

☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified application, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified US application, and 3) any U.S. application from which benefit is sought in the above-identified application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby appoint:

☒ Practitioners at Customer Number **23122**

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**

☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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| | | | |
|---|---------------------|--|----------------------------|
| Name of Sole or First Inventor: | | <input type="checkbox"/> A Petition has been filed for this unsigned inventor. | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Frank | | Ko | |
| Inventor's Signature <u>Frank Ko</u> | | Date: <u>September 30, 08</u> | |
| Residence: City: <u>Vancouver</u> | State: <u>BC</u> | Country: <u>USA Canada</u> | Citizenship: <u>USA</u> |
| Mailing Address: <u>5144 Castor Avenue - 3272 West 33rd Ave</u> | | | |
| Mailing Address: | | | |
| City: Philadelphia <u>Vancouver</u> | State: <u>PA BC</u> | Zip: <u>19124 VEN 2G9</u> | Country: <u>USA Canada</u> |
| Name of Second Inventor: | | <input type="checkbox"/> A Petition has been filed for this unsigned inventor. | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Robert J. | | Levy | |
| Inventor's Signature _____ | | Date: _____ | |
| Residence: City: Merion Station | State: <u>PA</u> | Country: <u>USA</u> | Citizenship: <u>USA</u> |
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| Mailing Address: | | | |
| City: Merion Station | State: <u>PA</u> | Zip: <u>19066</u> | Country: <u>USA</u> |
| Name of Third Inventor: | | <input type="checkbox"/> A Petition has been filed for this unsigned inventor. | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Ivan | | Alferiev | |
| Inventor's Signature _____ | | Date: _____ | |
| Residence: City: Clementon | State: <u>NJ</u> | Country: <u>USA</u> | Citizenship: <u>RU</u> |
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| City: Clementon | State: <u>NJ</u> | Zip: <u>0821</u> | Country: <u>USA</u> |
| <input checked="" type="checkbox"/> Additional inventors are listed on the next page. | | | |

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| | | | | |
|--|-----------|--------------|--|--|
| Name of Fourth Inventor: | | | <input type="checkbox"/> A Petition has been filed for this unsigned inventor. | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | |
| Illa | | | Fishbein | |
| Inventor's Signature _____ | | | Date: _____ | |
| Residence: City: Philadelphia | State: PA | Country: USA | Citizenship: IL | |
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| Mailing Address: | | | | |
| City: Philadelphia | State: PA | Zip: 19116 | Country: USA | |
| <input type="checkbox"/> Additional Inventors are listed on _____ Supplemental Sheet(s). | | | | |